

# State of Utah FY 2018

## Unified Funding Application Instructions

The State Community Services Office, within the Housing and Community Development Division of the Utah Department of Workforce Services, is located at 1385 South State Street – 4<sup>th</sup> Floor, Salt Lake City, UT 84115. Information about our office can be found on our website at [www.jobs.utah.gov/housing/scso](http://www.jobs.utah.gov/housing/scso). The best way to contact us is via email. For questions regarding programs, contact Dan Powell at [dwpowell@utah.gov](mailto:dwpowell@utah.gov); for general assistance with the application, contact Alex Hartvigsen at [alexhartvigsen@utah.gov](mailto:alexhartvigsen@utah.gov); for questions regarding funding priorities, performance measures, and making your application competitive, contact Tamera Kohler at [tkohler@utah.gov](mailto:tkohler@utah.gov).

### Starting an Application

- 1) Login to Web Grants or Register at: <https://webgrants.community.utah.gov>
- 2) Select “**Apply for Grants**”
- 3) Select “**FY 2018 Unified Funding Application**”
- 4) Read the **Project Overview**
- 5) Scroll down to the **Attachments** section, open and review the information in the following documents:
  - **Application Instructions.** SCSO recommends that you print the instructions document for reference as you navigate the application.
  - **Definitions Document.** This information will help you to become familiar with the Program Categories and the Services or Activities which may be funded through this application; we recommend you print this document for reference as you navigate the application.
  - **Case Management Guidelines** adopted by the State Homeless Coordinating Committee.
- 6) Under **Additional Documentation**, there is a link to our website where you can find more information on programs and funding priorities.
- 7) Select “**Apply**” in the upper right hand corner of the “Opportunity Details” box

### **The Unified Funding Application has four components:**

- 1) General Information
- 2) Continuum of Care
- 3) Budget Worksheet
- 4) Attachment Checklist

**You must complete all four components and click on the “**Submit**” button to officially submit your application. Applications are due no later than 5:00 PM Monday, March 27, 2017.**

The **General Information**, **Continuum of Care**, and **Attachment Checklist** components need only be completed once per application. For the **Budget Worksheet** component, you will need to complete a separate Budget Worksheet (including the Scope of Work section) for each service or activity for which you are requesting funding. You can create multiple Budget Worksheets within a single application by clicking on “**Add**” as described in the detailed instructions that follow.

You don’t have to complete your application all at one time. After you have initiated your application as described above, you can save your work and exit the Web Grants system at any time, with one exception. **Once you start a Budget Worksheet, you will need to complete that worksheet and the associated Scope of Work section to save your data. If you exit the application prior to**

completion of an active **Budget Worksheet**, all data entered in that **Budget Worksheet** and **Scope of Work** will be lost, and you will need to reenter. When you log back in, simply click on **“My Applications”**, then click on the application link under the column headed **“Title”**. This will take you to the main application components screen, and you can continue where you left off.

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### **Step 1) General Information Component**

1) From the main components screen, click on **“General Information”**

Note: your application is assigned an **ID** number and **Title** by default

2) **Application Type** – Select **“Initial”**

3) **Counties** – **Check all that apply or, if your organization provides services in all counties, check “State-wide”**

4) **Project Manager** – from the drop-down menu, select the registered user filling out the application

5) Select **Yes** or **No** for question #1 to indicate if your agency has a federally approved Negotiated Indirect Cost Rate Agreement (NICRA).

6) DUNS Number/SAM Registration must be current

1) Do you have a federally approved Negotiated Indirect Cost Rate Agreement (NICRA) or an executed Election of de Minimis Rate and Certifications? If yes, please attach documentation to the application.

2) **For non-profit organizations only**, select **Yes** or **No** for questions 2 and 3 (answer if applicable)

Then click the **“Save”** button in the upper right hand corner of the Web Grants toolbar. This will save the general information about your organization and complete this component of your application.



7) Next, click on the **“Continue”** button. This will take you back to the main components screen. You should see a checkmark “✓” indicating the General Information component is complete.

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### **Step 2) Continuum of Care Component**

From the application main components screen, click on **“Continuum of Care”**

1) Does your organization participate in your Continuum of Care's coordinated assessment system? Click **“Yes”** or **“No”** Please describe the extent to which your organization participates in coordinated assessment and how you intend to meet the requirements set forth in 24 CFR 576.400 Can be found at: <https://www.law.cornell.edu/cfr/text/24/576.400> – Indicates the State, as a recipient of ESG funds, responsibility to consult with each Continuum of Care. Also outlines State and all subrecipients' responsibility to coordinate homeless services and use a coordinated assessment system.)

2) Does your organization use a method to prioritize individuals for services? Click **“Yes”** or **“No”** Please specify how your organization prioritizes services for all sub-populations. If services are not prioritized, please explain your organization's method for determining how funds and services are allocated. This should indicate how you prioritize services for all subpopulations including Families, Chronically Homeless Families, Veterans, Individuals and Chronically Homeless Individuals. Focus especially on the populations you intend to serve with Unified Funding.

3) Does your organization specifically utilize the VI-SPDAT Pre-Screen AND SPDAT assessment tools? Click “**Yes**” or “**No**” If yes, please explain the extent to which this tool is utilized in all of your programs: **EXAMPLE: Individuals: Our agency does not currently administer SPDATs to individuals who are not chronically homeless chronically homeless individuals: VI-SPDAT and SPDAT administered when determined chronically homeless. Prioritized for PSH if above a 14 and for RRH if below 14 Families: VI-SPDAT administered after 14 days in shelter, families are prioritized for housing from the top of the housing list Veterans: All veterans are immediately referred to the VA and SSVF program for services. If they are determined ineligible for veteran specific services, they are prioritized by the typical means of prioritization for the household composition** If no, please explain what other assessment tool(s) you are using for coordinated assessment

4) Please check all of the funding priorities that this program will fulfill if funded. **You must hold Ctrl to select multiple appropriate options.**

- Divert homeless or imminently homeless individuals and families from emergency shelters by providing a better housing-based solution
- Meet the basic needs of homeless individuals and families in crisis
- Provide homeless individuals and families with needed stabilization services
- Decrease the state’s homeless rate
- Implement a coordinated entry system with consistent assessment tools to provide appropriate and timely access to services for homeless individuals an families
- Provide access to caseworkers or other individualized support for homeless individuals and families
- Encourage employment and increased financial stability for individuals and families being diverted from or existing homelessness
- Create additional affordable housing for state residents
- Provide services an support to prevent homelessness among at-risk individuals and adults
- Provide services and support to prevent homelessness among at-risk children, adolescents, and young adults.
- Prevent the reoccurrence of homelessness among individuals and families exiting homelessness

5) Participation in HMIS is a requirement for funding unless you are specifically prohibited by other funding sources. Unless exempted, are you willing to enter clients and services into HMIS? Click “**Yes**” or “**No**” – If you are exempted, please click “**No**”

6) Does your organization participate in LHCC meetings AND the Point-in-Time Count? Click “**Yes**” or “**No**”


Once you have answered all five questions, click on “**Save**”, then click “**Continue**” to return to the main components screen. You should see a checkmark “√” indicating the Continuum of Care component is complete.

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### **Step 3) Budget Worksheet Component**

From the application main components screen, click on “**Budget Worksheet**”

Click the “**Add**” button along the top of Web Grants tool bar

Click on the down arrow “” to the right of “Program Category” and, from the drop-down menu, select a **Program Category** under which you want to request funding. (**Please review the Unified Funding Definitions document before selecting a Program Category**). The following selections appear in the Program Category drop-down menu:

- Street Outreach

- Emergency Shelter
- Homelessness Prevention
- Rapid Re-housing Assistance
- Permanent Housing Services
- HMIS
- Daycare\*
- Mass Feeding\*
- Emergency Home Repairs – Disabled Access\*
- Emergency Home Repairs – General\*
- Rehabilitation/Renovation\*
- Accessibility Design\*
- Transitional Housing\*
- Other (Includes Diversion) (Note: you must request approval to apply for funding for a program category not listed in the drop-down menu. Please contact Tamera Kohler at [tkohler@utah.gov](mailto:tkohler@utah.gov) for permission to apply under “Other”).

\* Indicates Program Category not prioritized by the Allocation Committee for FY 2018.

**NOTE:** In Scope of Work question #4 you will be asked to select what specific service or activity you are requesting funding for (such as Case Management, Essential Services, Operations and Maintenance, Financial Assistance-Housing or Other Supportive Service). Please select the most appropriate Program Category that this service or activity will be provided under. Refer to the Unified Funding Definitions document for more information regarding services and activities.

You may apply for multiple activities/services under the same Program Category. For example, under the Program Category Rapid Re-housing you may apply for financial assistance (rent, deposits & utilities), case management and essential services. However, **you will need to complete a separate Budget Worksheet and Scope of Work section for each service or activity.**

**Warning:** Once you start a Budget Worksheet, you must enter all data in both the worksheet and scope of work sections and Save before exiting the system. All data entered will be lost if not fully completed.

If you operate more than one program/project, or have more than one location where services are provided, you should segregate the programs/projects. For example, if you have an emergency shelter for men, a separate facility for women, and another facility for families, select Emergency Shelter from the Program Category drop-down menu and enter the budget and scope of work information separately for each program/project/location.

The Budget Worksheet component has two sections: 1) Budget Information; and 2) Scope of Work.

### **Step 3a) - Budget Information**

For all line items, enter the actual information from state fiscal year (July 1 through June 30) 2015-2016; your projections for the current state fiscal year 2016-2017; and your request for new funds and other estimates for state fiscal year 2017-2018.

1) **Total Annual Service Units Provided:** Enter the number of Service Units provided under each column. Service Units are clearly defined in the **FY18 Definitions** document. (e.g. 1,500 case management hours in permanent housing).

- 2) **Total Unduplicated Individuals Served:** Enter the total number of Unduplicated Individuals served under this Program Category (e.g. 20 individuals).
- 3) **Total Agency Budget:** Enter your total annual agency-wide budget, including all programs. Please enter whole dollars only (e.g. \$1,980,000). Note: if you are entering multiple budget worksheets, the amount entered for Total Agency Budget should be the same on all worksheets.
- 4) **Total Program Category Budget:** Enter the total budget for the service or activity for which you are requesting funds. For example, if your agency provides case management services under the Program Budget Categories Permanent Supportive Housing (PSH), Emergency Shelter (ES), and Transitional Housing (TH), when completing the Budget Worksheet for PSH-Case Management, include the total case management budget for the PSH category only. Amounts received from **Funding Partners** for the service or activity should be entered in Scope of Work question #9. Please enter whole dollars only. **Note: if you are applying for more than one service or activity under a single Program Budget Category, the amount entered on the line “Total Program Category Budget” will most likely be different for each Budget Worksheet.**
- 5) **Value of In-kind Contributions:** Enter the dollar value of any in-kind donations or services included in the amount you entered for Total Program Category Budget. This is calculated by totaling general volunteer hours multiplied by the minimum wage, professional services at the prevalent rate, and the market value of tangible property donations. Please enter whole dollars only (e.g. 60 volunteers, 10 hours each, at \$7.25/hour = \$4,350).
- 6) **Award Request:** Enter the amount of award received or requested (depending on the year) from this Unified Funding grant application process for **FY 2016-17 and FY 2017-18**. Please enter whole dollars only (e.g. request for \$45,000 for case management).
- 7) **Administration Costs:** Enter the amount of administration costs (if any) included in the Award Request. Please enter whole dollars only (For example, an agency using 5% for administration costs out of a \$45,000 award would enter \$2,250 for this item).

We highly recommend you click on “Save” after entering the data for each Budget Worksheet and related Scope of Work section to check for errors. A pop-up message will appear if any of the formulas has a problem that needs to be corrected.

**WARNING!** Web Grants will prevent you from saving your Budget Worksheet and submitting your application if one or more of the following mathematical formulas are violated:

**Award Request + Value of In-kind Contributions must be less than or equal to Total Program Category Budget**

**Value of In-kind Contributions + Total Program Category Budget should never exceed Total Agency Budget**

**Award Request + Value of In-kind Contributions + Total Funding Partners (Scope of Work question #9) must be less than or equal to Total Program Category Budget**

After you have entered all the required data, click “**Save**”. Other data fields will then appear at the bottom of the budget worksheet (i.e. leveraging ratios, per unit service expenditures, etc.) with values that are automatically calculated from what you entered in Steps 1 through 7.

### **Step 3b) - Scope of Work**

- 1) Please enter your program or project name

EXAMPLE: Pamela's Place

2) Please enter the title for Program/Project if tracked in the Utah Homeless Management Information System (HMIS):

EXAMPLES: Pamela's Place ESG RRH State  
Emergency Shelter – Night by Night

3) Please specify how requested funds, if awarded, would be used. Check all that apply:

- ☐ **Maintain Existing Services** (previously operated program and funded from any source)
- ☐ **Expand Existing Services** (requesting significant increase in funding to serve more individuals in previously operated and funded program)
- ☐ **Start New Services** (program not previously funded from any source; new service or activity to be offered by organization)

4) For this specific Program Category, please indicate the specific service or activity for which you are requesting funding (**SELECT ONLY ONE**). Reminder: If you want to request funding for more than one service or activity under the selected Program Category, you will need to complete a separate Budget Worksheet and Scope of Work section for each service or activity.

- ☐ Essential Services (tangible items)
- ☐ Case Management
- ☐ Operations and Maintenance
- ☐ Financial Assistance – Housing (rent, deposits, utilities)
- ☐ Other Supportive Service (contact Tamera Kohler)

In the free-text box, explain exactly how the funds, if awarded, will be used for the selected service or activity. Your response will be limited to 500 characters, including spacing. If funding is awarded, this section will be used to assist in setting up your Contract Scope of Work for this Program Category:

EXAMPLES:

- Essential Services –bus tokens, documentation fees, blankets, socks, and other tangible items
- Case Management - a portion of salaries and fringe for 2 full time case managers and 1 licensed clinical social worker (LCSW)
- Operations and Maintenance - space costs such as utilities, insurance, minor repairs and maintenance, and wages for 1 part-time intake worker
- Financial Assistance - direct housing assistance such as rent, security deposits, first and/or last month's rent, rental application fees, and payments for credit reports
- Other Supportive Service – provide appropriate description

5) Please describe the expected outcomes for the service or activity provided under this program. Where possible, this should reference the State adopted performance measures and HUD's system performance measures. Your response should be concise. Your response will be limited to 1,000 characters, including spaces. Refer to the FY18 Definitions document, [HUD's System Performance Measures](#) and the Performance Measures Power Point presentation as reference material to assist in answering this question.

EXAMPLE:

**Output**

Provide 2,080 Hours of Case Management to 40 homeless individuals in Permanent Supportive Housing

**Outcome**

- 20% of adults will gain or increase income from employment



- 60% of adults will gain or increase non-employment cash income
- 90% of participants will be enrolled in mainstream benefits
- 90% of participants will exit to or retain permanent housing
- 2% of all households placed in permanent housing will return to homelessness within 6 months of exit
- 1% of all households placed in permanent housing will return to homelessness within 6 to 12 months of exit
- 1% of all households placed in permanent housing will return to homelessness within 12 to 24 months of exit
- 100% of SPDAT assessments for PSH participants that will be within reasonable compliance with the SPDAT schedule and be entered into HMIS
- 40% of participants will decrease their acuity based on SPDAT assessments throughout enrollment

6) Using objective sources, please cite how this funding source will fill a specific need and/or unmet need in your community and how you have communicated and coordinated with your partners in determining that the level of funding requested is proportionate to that need:

EXAMPLE: HMIS data from our community shelter shows that the average length of stay is 45 days. Of those served during the first half of FY16, 58 households had a length of stay over 90 days compared to only 30 households in all of FY15. Our LHCC has discussed this upward trend and has reviewed SPDAT assessments and have determined that the current level of rapid rehousing (TANF and CoC) and Permanent Supportive Housing (Fictitious Agency's PSH program) resources is inadequate for the current need. As such, our partnering Community Action Program has requested an increase in funding for individual rapid rehousing and we are requesting additional resources for families. Our community has prioritized an increase for individual rapid rehousing since this is presently the most underserved population in our community.

7) For this service or activity, is your organization willing to accept Federal funds and comply with the associated reporting requirements? Select **Yes** or **No**?

Select "**No**" if your organization does not currently have in place a financial management system to segregate all revenues and expenditures related to the specific Program Category and service or activity for which you applied. Also select "**No**" if your organization would not be able to provide the performance and outcome data required in reports submitted to Federal agencies. Finally, Select "**No**" if your organization is a public housing authority.

8) If you are willing to accept TANF, identify at least one of the TANF purposes your project falls under (may check more than one). **You must hold Ctrl to select multiple appropriate options.**

Purpose 1: Provide assistance to needy families so that children can be cared for in their own homes

Purpose 2: End the dependence of needy parents by promoting job preparation, work and marriage

Purpose 3: Prevent and reduce the incidents of out-of-wedlock pregnancy

Purpose 4: Encourage the formation and maintenance of two-parent families

My project does not fall under a TANF-eligible activity or my organization is unwilling to accept TANF funds.

9) If you are applying for case management services for this program, please indicate the anticipated caseload for your case manager, the number of case managers to be funded, whether you use the SPDAT as a case management tool, intended frequency and depth of case management, and each case manager's full time/part time status.

EXAMPLE:

1) The caseload for this program is 25 clients to 1 case manager

- 2) There is one full-time lead case manager (LCSW), four full-time case managers all with Bachelor's degrees, and two Vistas
- 3) We do not use the SPDAT as a case management tool
- 4) We have a tapering scale of case management. When a client moves in, we meet with them at least weekly to ensure they are adapting well into their new housing situation. As they stabilize we decrease the number of home visits dependent on their need. Visits never occur less than once per month. Decreases in frequency of visits are approved by the lead case manager after staffing the case.

10) Provide detailed information on your funding partners for this Program Category. These are estimates for the current State fiscal year ending June 30, 2017 and projections of financial support for the upcoming fiscal year July 1, 2017 – June 30, 2018.

**EXAMPLE:**

<u>Funding Partner</u>	<u>Est. Funding FY17</u>	<u>Projected Funding FY18</u>
U.S. Dept. of Housing and Urban Development	\$80,000	\$100,000
Daniels Fund	\$10,000	\$ 10,000

11) Enter the Contact Information (telephone number and email address) for the person(s) who can answer questions about this program service application.

Once you have completed all data fields in the Budget Worksheet and answered all questions in the Scope of Work section, click “**Save**” in the upper right hand corner of the Web Grants tool bar. Remember, you will need to complete a separate Budget Work Sheet and Scope of Work for each service or activity you are applying for, whether under the same or a different Program Category. To start another Budget Work Sheet, click “**Back**”, then click “**Add**” and repeat steps 1 through 10.

Once you have saved a completed Budget Worksheet and scope of work for each of the programs/projects that you are applying for, click “**Continue**”. This will take you back to the main “Components” screen. You should see a checkmark indicating the Budget Worksheet component is complete.

#### **Step 4) Attachment Checklist**

1) Click on “**Attachments Checklist**” to view the list of required documents. All applicants must electronically submit the following:

- ☐ Recent Audited Financial Statement
- ☐ Copy of Board of Directors
- ☐ Agency Program Summary
- ☐ Performance Measures
- ☐ NICRA or de Minimis (if applicable)

2) To attach the above documents to your application, click on “**Continue**”, then “**Attachments (0)**” at the bottom center of the components list. In the description text box, type a brief description of the first document, such as “Financial Statements” or “Board Roster”

3) Click “**Browse**” to find the file on your desktop or hard drive that you want to attach

4) Select the file you want to attach and click “**Attach File**”.



**Notes regarding the Agency Program Summary attachment:**

The Agency Program Summary attachment should include general narrative information about your organization (service locations, the programs you administer, your staff and qualifications, the clientele your agency serves, etc.). Please describe how your agency increases clients' access to income from mainstream benefits or employment and enhances community involvement. Include relevant staff training and tangible opportunities that you offer or facilitate on behalf of your clients.

5) Repeat steps 2-4 for each file you want to attach. After you have attached the required files, click "[Continue](#)". This will take you back to the main components screen, and you should see a checkmark indicating the Attachments component is complete.

Congratulations, you're almost done! Once you have "earned" checkmarks for completing each of the four application components, click on "Preview" to review your completed application. If you notice something you need to change, you can re-open any of the four components to make your final edits.

**Step 5) Submission**

**Applications are due no later than 5:00 P.M. Monday, March 27, 2017**

**IMPORTANT: You MUST submit your completed application online, including the required attachments, electronically via Web Grants. This is accomplished by clicking on the "[Submit](#)" button. An application submitted without the required attachments will be rejected.**

[Preview](#) | [Withdraw](#) | [Submit](#)

Please make every effort to submit your application early. We encourage you to contact our office should you encounter any difficulties in navigating the application. **No exceptions will be made for applications not submitted by the stated deadline!**